Hennepin Health

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Increasing Dental Visits for Adults and Children

Increasing Dental Utilization in Adults and Children

Description

In 2017, there were approximately 34 states that provided dental coverage beyond that of medical necessity, and only 17 states offered a more comprehensive benefit package (Chazin & Glover, 2017). The minimal level of state-paid dental benefits in the United States creates barriers to oral health for low-income adults without children and low-income families. Consequently, access to dental care for low income individuals has been an ongoing challenge in the United States. Access to preventive dental care plays a critical role in the overall health of an individual. Poor oral health can create increased risk for long-term chronic health conditions, missed work and/or school days and reduced employability as well as preventable dental-related hospital visits for adults enrolled in Medicaid (Chazin & Glover, 2017). The signs and symptoms of many potentially life-threatening diseases appear in the mouth first. In fact, regular dental checkups may reveal early warning signs of as many as 120 diseases, such as heart disease, diabetes mellitus and stroke. (Delta Dental of New Jersey, 2010).

Prevalence of dental disease and tooth loss is disproportionately high among people with low income, reflecting lack of access to dental coverage and care. Racial and ethnic disparities in these measures are also pronounced with African Americans and Hispanics having a higher prevalence of dental disease (Hinton & Paradise, 2016). A Gallup poll, administered in 2013, found that the percentage of adults in the United States who went to the dentist in 2013 was 64.7 percent. However, "low-income adults are 40 percent less likely to have had a dental visit in the past 12 months and are two-and-a-half times more likely to have untreated tooth decay" (Chazin & Glover, 2017, p. 2). It is this lack of preventive dental care that has led 59.1 percent of African Americans to experience periodontal disease compared to 40.8 percent of Whites (Assari & Hani, 2018).

With the expansion of Medicaid and advances in healthcare, studies show that racial minorities and individuals with low socioeconomic status experience more severe oral health problems. These disparities are experienced at all ages with dental caries being considered the most prevalent chronic condition among minority children (Assari & Hani, 2018). "Healthy People 2020 outlines that 35.7 percent of African American children between six and nine years old suffer from untreated dental caries, which is 1.4 times greater than White children" (Assari & Hani, 2018, p. 2). Furthermore, African American children are less likely to have visited a dentist in the last year, received sealants, and are more likely to have unmet dental needs. In fact, "only 34 percent of African American children received dental care in a year in comparison to 52 percent of White children" (Assari & Hani, 2018, p. 2).

The U.S. Medicaid program provides a comprehensive mandatory benefit package for children that includes oral health screening, diagnosis and treatment services. The situation for adults with Medicaid provides more of a challenge than that for children. Of the 50 states, 12 offer emergency-only dental benefits, 15 including Minnesota, offer limited dental benefits. Thirteen states offer extensive dental coverage to non-elderly adults on Medicaid. In addition, dental

benefits are optional for states to offer adults on Medicaid and therefore, are subject to state budgetary cuts when a state is under budget pressures (Hinton & Paradise, 2016).

The percentage of adults who have had a dental visit annually is dependent on income and insurance level in the United States. For 2013, 49 percent of adults with private insurance had an annual dental visit. In contrast, 20 percent of non-elderly adults on Medicaid and 17 percent of non-elderly adults with no insurance who had a dental visit in 2013 (Hinton & Paradise, 2016).

Adequate access to dental care in Minnesota continues to be a persistent health care issue for children and adults enrolled in all Minnesota Health Care Programs (MHCP). Compounding the dental access issue is the rate of no-shows for appointments. It is estimated, on average, that 20 percent of dental visits scheduled by MHCP members result in a no-show. Tighe (2016) stated that people who cancel or are no-shows to dental appointments fall into the following types:

- Those who have previously broken an appointment
- Patients in their twenties
- Patients who use Medicaid or any other government plan
- If it has been quite a bit of time since the appointment was scheduled
- Those who have not seen a dentist for some time
- Patients who have different moral codes, speak a different language, and other cultural differences
- New patients
- Patients who have someone else make the appointment for them – spouse/parent

The topic of improving access to dental services, decreasing racial oral health disparities and increasing the annual dental visit utilization rate for both children and adults was selected as oral health and its relationship to individual overall health underscores the importance of preventive and diagnostic oral health care. Unlike many medical conditions, dental problems are not self-limiting. Dental diseases become progressively more severe without treatment, requiring increasingly costly interventions (Academy of General Dentistry, 2008). Untreated dental disease can lead to infection, damage to bone or nerve, and tooth loss. Infection from tooth disease can spread to other parts of the body and may even lead to death.

Concern is growing about low dental utilization rates among members and of state reports that indicate disparities in oral health care. Increasing the rate of annual dental visits among members has been identified as a top priority by Department of Human Services (DHS). Following state and national trends, the rate of annual dental visits among Hennepin Health - PMAP/MNCare adult and child members has been low historically. In an effort to respond to these trends, Hennepin Health will implement a focus study to answer the following: Will the proposed intervention strategies improve the annual preventive and/or diagnostic dental service utilization rate for the PMAP/MN Care populations by 10 percent for children, ages one to 20 years old and five percent for adults, ages 21 to 64 years old? A secondary study question is: Will the proposed intervention strategies reduce racial disparities among ethnic groups prevalent in Hennepin Health membership?

The rationale for choosing a 10 percent improvement rate for children reflects the DHS financial withhold goal for dental utilization. Dental benefits for children covered under the MHCP are more extensive than for adult dental benefits. In addition, visiting a dentist every six months or annually during childhood increases the probability that the behavioral pattern will continue into adulthood.

The rationale for choosing a five percent improvement rate in dental utilization for adults is that the majority of Hennepin Health members are Medicaid expansion members who may be homeless or have unstable housing and be burdened by physical, mental or chemical dependency problems. The homeless have more grossly decayed and missing teeth than those with low-income and stable housing. Drug abuse results in impairment of oral health, causing accelerated tooth decay. Members may have grown up in poverty and along with other social determinants of health, experienced traumatic events and have not sought regular healthcare. Oral health care and preventive/diagnostic dental services are often not a priority for this population. These members generally only seek dental services when there is a problem (for example a broken tooth, or tooth pain). Changing longtime behavior patterns is difficult. In addition, the adult MHCP dental benefit is a limited benefit set, often not covering necessary dental care that members may need.

Process and Documentation

Data Measures and Limitations

Annual dental visit utilization and racial disparity rates will be used to measure intervention outcomes. The 2016 annual dental visit for the age groups identified above will be used as the baseline rate for the focus study. The baseline rate was calculated by DHS using the methodology described in the 2018 DHS Withhold Technical Specifications for the PMAP/MNCare annual dental visit.

Table 1. PMAP/MNCare Annual Dental Visit 2016

January 2016 –December 2016*	Numerator	Denominator	Rate
Members age 1-20	175	505	34.65%
Members age 21-64	2,775	12,378	22.42%
Total Members	2,950	12,883	22.90%

*DHS Withhold Report dated 4/30/2018

Hennepin Health will use the 2018 DHS Withhold Technical Specifications for the PMAP/MNCare annual dental visit calculation of the utilization rate for the age groups. The DHS methodology defines the numerator, denominator, continuous enrollment requirements and dental codes to be used in the rate calculation.

DHS enrollment files will be used to calculate the racial disparity rates for 2018. Initially, the 2017 dental visit utilization ethnicity data was to serve as the baseline rate. However, the 2017 data was not used since there were a significant number of members that did not identify race

and therefore the data did not accurately depict the level of racial oral health disparities experienced by Hennepin Health members during that calendar year.

Data limitations include:

- Accurate measurement relies on accurate coding. Dental clinics must submit accurate codes timely for all annual preventive and diagnostic dental services to ensure accurate measurement. Hennepin Health and Delta Dental will work with dental clinics as needed if coding problems are noted.
- Accurate racial disparity rates. Accurate racial disparity rates relies on the majority of members identifying their race at the time of enrollment and the DHS Enrollment File ethnicity information must be correct.

Barrier Analysis

Individuals covered by State public programs have unique socioeconomic challenges that often coincide with complex health conditions. Issues with access to housing, transportation, adequate and nutritious food, coexist with serious physical conditions, including: diabetes, cardiac disease, mental and chemical health issues. Not all Americans have adequate access to dental care, and not all those who have insurance seek regular dental care. Numerous barriers prevent members from receiving preventive and/or diagnostic dental services. This section describes barriers faced by both members and providers.

Members

1. Members lack knowledge of their dental benefits and the means of utilizing those benefits and accessing care. Educating families eligible for Medicaid on how to enroll and access the system may be essential for the success of these programs.
2. Low oral health literacy and limited member awareness of the important of annual preventive and/or diagnostic dental services. Many people consider oral signs and symptoms less important than indication of general illness. Public understanding of oral health and the relationship between the mouth and the rest of the body must be enhanced. These messages need to consider the multiple languages and cultural traditions that characterize diversity.
3. Fear or negative attitudes about dental health care. Fear of dental procedures is one of the top barriers that limit a person's use of preventive interventions and treatments.
4. Physical and/or mental disability may limit access to services. Many with disabilities do not seek out or obtain health or dental care as they may be embarrassed by their disabilities.
5. Lack of phone and/or permanent address makes members unreachable.
6. Health plan membership is fluid and a member's enrollment may lapse during the year.

System Barriers

1. Availability and accessibility of dental clinics that accept MHCP members or have the capacity to accept new members.

Provider Barriers

1. Lack of emphasis on the importance of oral health among primary care providers.
2. High no-show rate. Providers state that they will not accept new MHCP members due to the high no show rate for the population.
3. Reimbursement and administrative burden. Minnesota dentists have expressed that one burden to providing care of MHCP recipients is the low reimbursement rate for public programs. Current payment rates for MHCP are typically about 30 percent of the actual costs, well below the cost of providing treatment and among the lowest in the nation. Dentists have commented that the $25 gift card a member receives from their health plan for going to a dental visit is more than what the dentist is reimbursed for providing preventive services. Another burden is the limited benefit set for MHCP adults, as there are many non-covered services.

Interventions

Intervention strategies will focus on the member. Staff responsible for the implementation of the interventions include: the Dental Coordinator, Social Service Navigation/Complex Case Management team, Customer Service, Outreach Coordinator, Walk-In Service Center (WISC) Community Health Workers (CHWs), Delta Dental access care coordination services, dental providers, Hennepin Healthcare and NorthPoint Health and Wellness Center primary care providers and CHWs.

The focus of all interventions is member education on the importance of oral health care and annual visits to a dental provider as well as support to assist them with accessing dental services. Additionally, the project will seek to increase member understanding of the dental benefit programs available through Hennepin Health. This will be achieved through the following strategies:

- Review current Hennepin Health policies, procedures and tools regarding dental care and make necessary updates to accommodate system wide changes
- Provide education as appropriate to internal and external staff on the significance of oral health and their role in assisting members in obtaining dental services
- Inform members of the importance of preventive care through member events, mailings and telephone messages
- Dental Coordinator, Social Service Navigation/Complex Case Management staff, and CHWs will assist each member to schedule a dental appointment and will arrange transportation and interpreter services
- Once an appointment has been scheduled, staff working with the member will make a reminder call to each member 1-2 days prior to the appointment
- After the appointment, staff working with the member will follow up with the clinic or the member to assure the member made it to the appointment and also to see if there is any follow up care required and help coordinate any follow up care
- Any interactions/interventions implemented will be documented in CCMS

- Hennepin Health will work with Hennepin Healthcare System and NorthPoint Health and Wellness Center health care providers about the importance of oral health care and encourage health care providers to urge patients to obtain dental care.
    - Hennepin Health will encourage health care providers and members to contact Hennepin Health with questions and for assistance.

The demographics of this population are taken into account when implementing strategies. In 2018, the Hennepin Health PMAP/MNCare population demographic information revealed that a large percentage of this population are Medicaid expansion members. The member characteristics for this group include: single with no children, male and African American between the ages of twenty and forty. This group often cancels or does not show up to scheduled medical, behavioral health or dental appointments.

Analysis

In 2016, the PMAP/MNCare Dental Project team began meeting, at a minimum, on a quarterly basis to assess the effectiveness of current interventions and to review progress toward achieving quarterly and annual dental visit goals for each age group. Staff representatives present at these meetings included: Delta Dental Account Manager/staff, Quality Management (QM) Manager, Customer Service Manager, Health Economics staff, Medical Administration Behavioral Health Manger, Utilization Manager and Social Service Navigation Manager. Ad hoc attendees include: Finance staff, Chief Medical Officer (CMO), Delegation Vendor Oversight Manager and Network Management staff. Intervention strategies would be implemented or revised based upon analysis of the effectiveness of the intervention.

In May 2018, a Dental Coordinator was hired to further develop and implement a dental program in support of the PMAP/MNCare Dental Project. The Dental Coordinator was added to the project team, reporting updates and progress of the interventions that are currently in place. In collaboration with the Project Management Office, a dental project plan was developed and implemented, identifying short and long-term strategies and interventions. To monitor the progress of meeting the 2018 annual dental utilization performance targets for each age group, Delta Dental provided monthly reports based upon DHS Withhold Technical Specifications and the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Technical Specifications for dental. Hennepin Health assessed the progress towards meeting the quarterly and annual dental utilization target goals. Interventions were changed with new strategies implemented based upon a review of the data.

Hennepin Health continued the dental gift card reward program for members. The $15 dental gift card reward program was regularly promoted through several modes of communication with members. It is also promoted through internal and external parties who work extensively with members. These internal and external parties include: Member Services Department, Medical Administration Department, Marketing/Communications Department, Hennepin Healthcare for the Homeless Clinic, Hennepin Healthcare Emergency Department CHWs, Hennepin County Health and Human Services and NorthPoint Health and Wellness Center. Information about the

dental gift card reward program is available on the Hennepin Health website along with a print-friendly version of the dental voucher for members to print and bring to their dental providers.

The importance of preventive dental care and oral health maintenance, along with the dental gift card incentive, were promoted at monthly Wellness Wednesday member events, held the last Wednesday of each month. During these events, the Dental Coordinator presented educational information on various oral health topics. The Dental Coordinator also provided referrals to community and neighboring dental clinics, offering one-on-one assistance coordinating dental appointments, interpreter services and transportation for members as appropriate. Social Service Navigation/Complex Case Management staff, CHWs in the WISC and external staff at Hennepin Healthcare for the Homeless Clinic, Hennepin Healthcare Emergency Department CHWs, Hennepin County Health and Human Services and NorthPoint Health and Wellness Center encouraged and assisted members in scheduling a dental appointment and arranging transportation and interpreter services, as needed.

Between May and September, in an effort to increase access to dental services for members, the Dental Coordinator contacted several dental organizations and clinics to discuss the potential for collaboration. Discussions about promoting oral health and increasing access to dental services were conducted by Hennepin Health with Hennepin Healthcare Pediatric Medical and Dental clinic, Whittier Clinic, Ready Set Smile, Apple Tree Dental, Normandale Community College dental clinic and NorthPoint Health and Wellness Center dental clinic. Ready Set Smile staff working at certain Hennepin County schools and early education day care centers indicated that very few Somali school children receive dental care services. Somali staff stated that Somali parents may not feel that dental services received at school are as good as services received at a dental clinic. A review of Hennepin Health data indicated that Somali children have a low dental utilization rate. Additional research is being conducted to determine how to increase dental utilization among Somali children.

Discussions with dental clinic staff resulted in the placement of a dental therapist at Whittier Clinic three days per week to provide services to pediatric members, increasing dental access for pediatric members. Hennepin Health also encouraged health care providers to mention the importance of dental care to their patients and parents of children. While NorthPoint Health and Wellness Center dental clinic was the only organization that partnered with Hennepin Health to increase access to dental services for members, it was important to conduct discussions on oral health with these key community organizations.

In August, 2018, the QM team collaborated with the NorthPoint Health and Wellness Center dental clinic to host two Back-to-School clinic days. These clinic days offered the parents or guardians of Hennepin Health members between the ages of three and 17 years old the opportunity to obtain back-to-school well-child visits along with an annual dental cleaning and exam. A new incentive was implemented for this event. Members that completed both a well-child and an annual dental visit received a backpack filled with school supplies appropriate for their gender and grade level. The QM team completed 244 outbound calls to members residing within or near Zip Code 55411. The QM team was able to successfully reach 49 parents/guardians and scheduled 40 appointments for the event. Of the 40 appointments that

were scheduled, a completion rate of 70 percent was achieved. The success of these clinic days resulted in continuous collaborative efforts between the QM team and NorthPoint to increase dental access to members between that ages of one to 17 years old.

During the fourth quarter of 2018, the QM team completed another outbound call initiative that focused upon getting children scheduled for their annual dental appointment before the end of the year. The team made more than 1,000 calls during this initiative and scheduled 123 dental appointments between the months of November and December.

To enhance outreach efforts beyond member communication initiatives and member focused events, the Dental Coordinator completed several outbound call initiatives. These calls were made in an effort to reach members directly to educate them on available dental benefits and assist with finding a dental clinic and scheduling an appointment. The Dental Coordinator received referrals from internal staff that work directly with members and assisted them with coordinating dental services. Dental referrals from internal staff increased with the implementation of the New Enrollee Screening process in October, 2018.

Through direct outreach, Hennepin Health received a significant amount of feedback from members in regard to why they are not taking advantage of their dental benefits. The following are common reasons members cited for not utilizing the dental benefits provided by Hennepin Health:

- Lack of awareness of dental benefits
- Fear of going to the dentist
- Past negative experience with dental providers
- Difficulty finding dental providers that are taking Medicaid patients
- Dental anxiety

Hennepin Health obtained the following information regarding dental clinics and health care providers that impact access for members:

- Pediatric practitioners often do not mention the importance of seeking dental care at well-child visits even though dental assessment is component of the well-child visit
- Practitioners often do not ask patients the last time they saw their dentist or mention that patients should regularly see a dentist and establish a dental home
- The no-show rate for Hennepin Health members at the Hennepin Healthcare for the Homeless Clinic is 50 to 60 percent
- The Hennepin Healthcare Dental Clinic provides preventive services to children 12 and younger, children over 12 and adults are seen to obtain restorative services and/or for emergency services
- Health care providers are not sure at what age to recommend a child should have their first dental visit
- Dental providers have different philosophies regarding how young the child is at the time of their first dental visit

- Dental providers calculate the 10 percent cap of seeing MHCP members differently and at different times
- If a long-term patient changes coverage, i.e. from a commercial plan to Medicaid, the dental office considers this patient as a new patient and will no longer see the patient
- Dental providers have different perspectives as to whether or how often members who have no teeth or have dentures should be seen by a dentist

Hennepin Health used the 2018 DHS withhold performance target of 32.42 percent for adults 21 through 64 years of age, and the performance target of 44.65 percent for children one through 20 years of age. The number of members significantly increased from 2016 to 2018 with the denominator for adult members almost doubling and the denominator for children growing almost 13 times that of the baseline year. The dental utilization rates were reviewed monthly and at the quarterly meeting with Delta Dental. The quarterly results were compared to the DHS withhold dental reports received throughout the year and revisions were made when identified.

During 2018, there were ongoing issues with enrollment data between Hennepin Health delegates, TMG and Delta Dental. The issue involved currently active members appearing as ineligible in Delta Dental's system. This discrepancy resulted in the inaccurate denial of member dental claims. Once this issue is resolved, it is anticipated that the dental utilization rates for members will increase.

In 2018, 332 gift cards were distributed to Hennepin Health members who completed a dental visit. The Dental Coordinator worked with several dental clinics across the Hennepin County in an effort to make going in for dental services more convenient for members.

Figure 1. PMAP/MNCare Annual Dental Utilization – 1-20 years of age

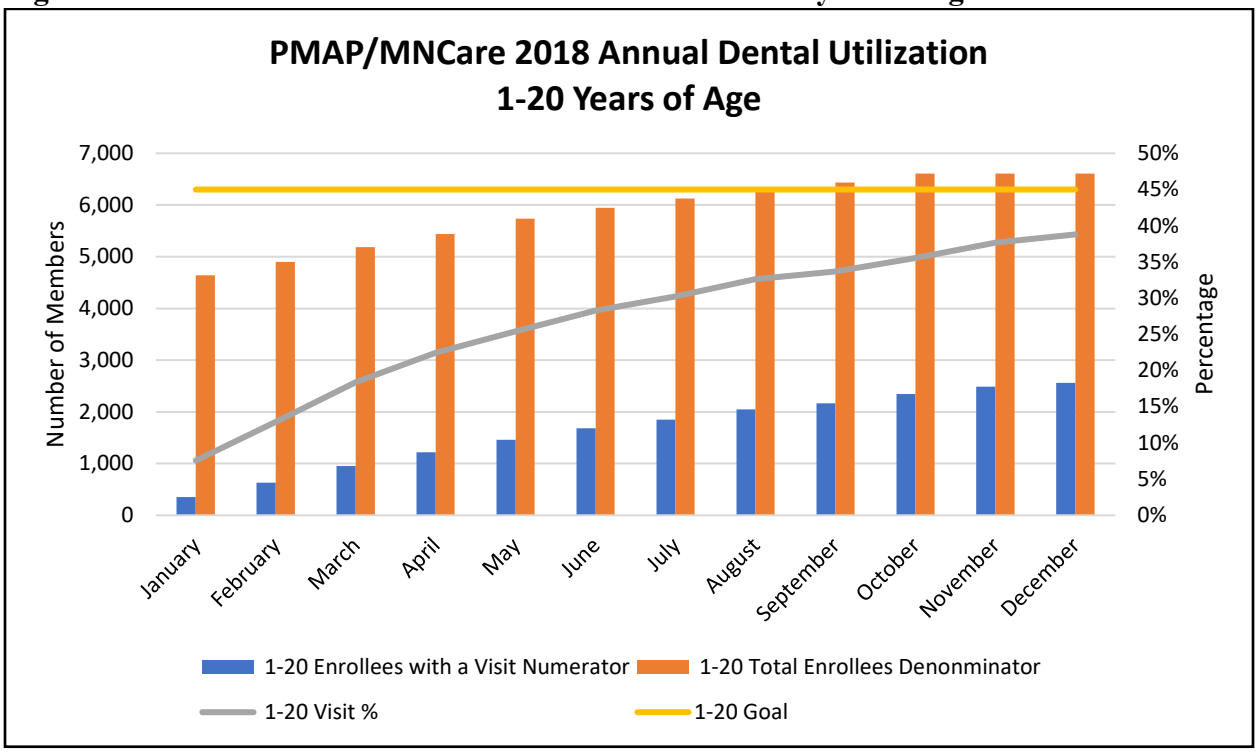

Figure 2. PMAP/MNCare Annual Dental Utilization – 21-64 years of age

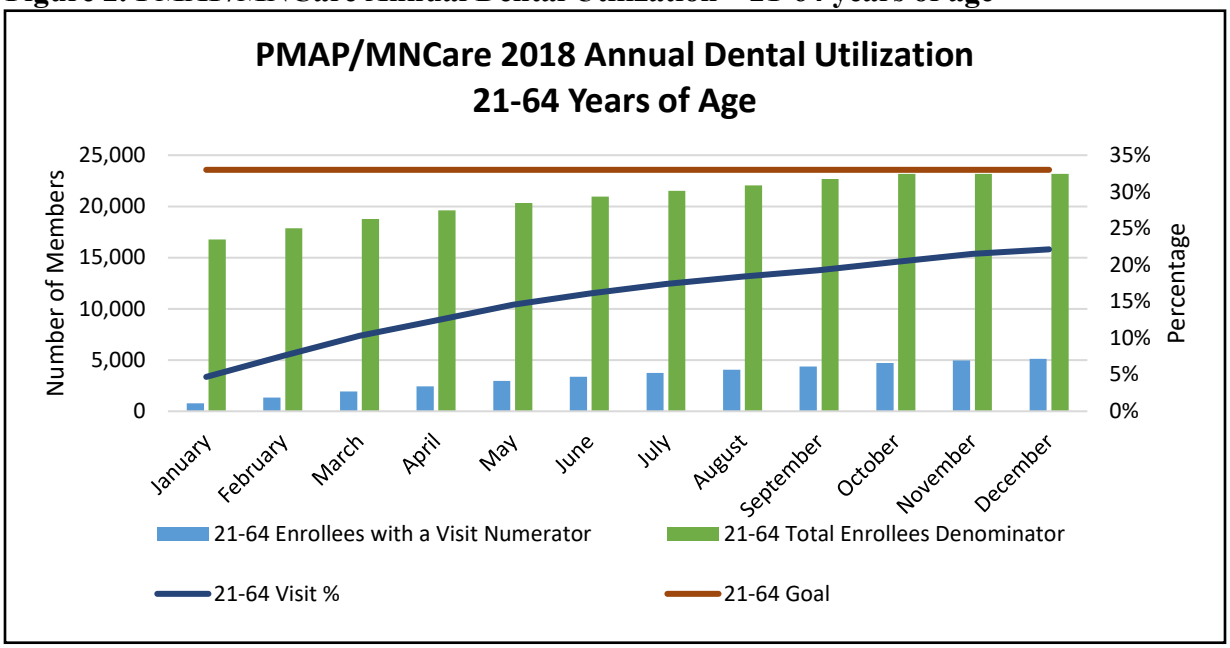

Table 2. PMAP/MN Care Annual Dental Visit 2018 (Q1, Q2, Q3, Q4)*			
Age Range	**Numerator**	**Denominator**	**Rate**
1-20 Years of Age	2,679	6,814	39.32%
21-64 Years of Age	5,528	24,260	22.79%

*DHS Withhold Performance Report, January 2019

Review of the preliminary data revealed that the annual dental utilization rate for both age groups did not meet their respective performance targets. The one through 20 years of age group did not meet the performance target of 44.65 percent, and the 21 through 64 years of age group did not meet the performance target of 32.42 percent.

Figure 3. PMAP/MNCare Annual Dental Utilization Based on Race – 1-20 years of age

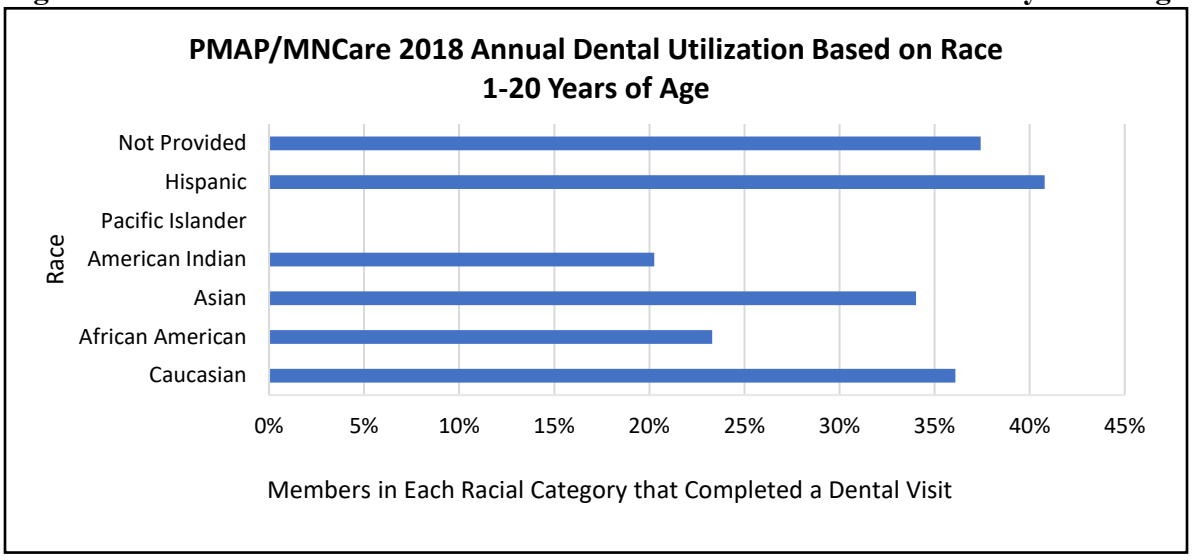

Table 3. Ages 1-20 PMAP/MNCare 2018 Annual Dental Visit Based on Race			
Race	**Numerator**	**Denominator**	**Rate**
Not Provided	1,026	2,742	37.42%
Hispanic	93	228	40.79%
Pacific Islander	0	2	0%
American Indian	33	163	20.25%
Asian	49	144	34.03%
African American	357	1,532	23.30%
Caucasian	209	579	36.10%

Figure 4. PMAP/MNCare Annual Dental Utilization Based on Race – 21-64 years of age

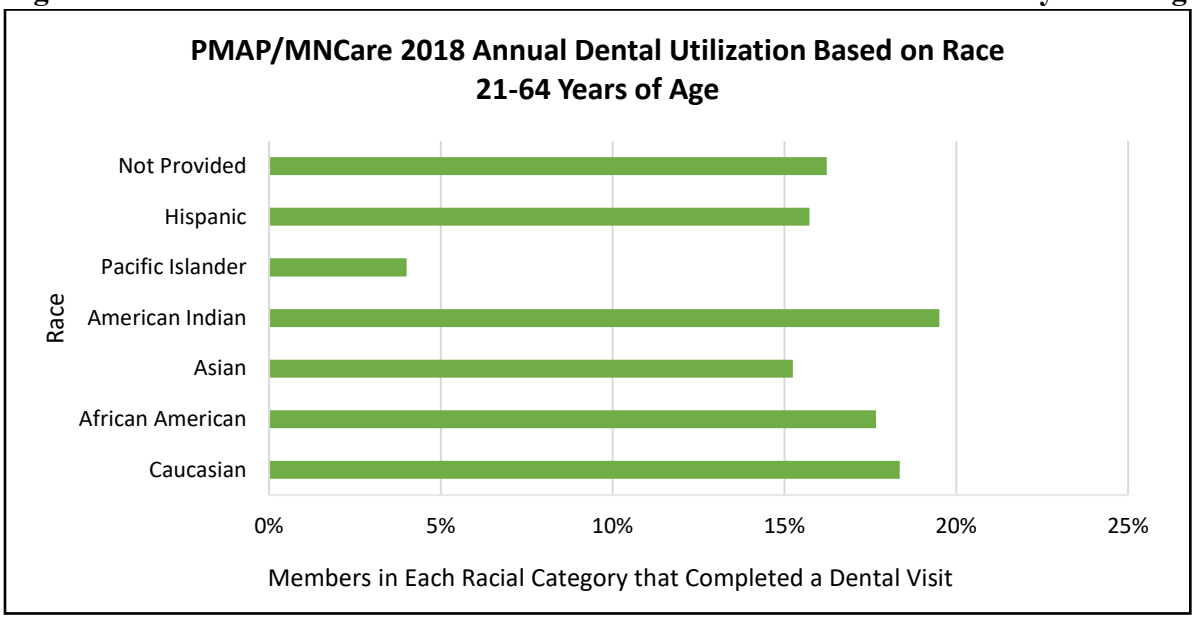

Table 4. Ages 21-64 PMAP/MNCare 2018 Annual Dental Visit Based on Race			
Race	**Numerator**	**Denominator**	**Rate**
Not Provided	840	5,176	16.23%
Hispanic	42	267	15.73%
Pacific Islander	1	25	4.00%
American Indian	167	856	19.51%
Asian	94	617	15.24%
African American	1,042	5,900	17.66%
Caucasian	919	5,009	18.35%

A higher prevalence of racial disparities exists among members ages 1 to 20 years of age compared to adults 21 to 64 years of age. In 2018, only 23.30 percent of African American children completed a dental visit compared to 36.10 percent of Caucasian children who completed a dental visit. Additionally, 17.66 percent of African American adults completed a dental visit in comparison to 18.35 percent of Caucasian adults who completed a dental visit in 2018.

For both age groups, a significant number of individuals did not identify race. As a result, a gap exists in the data. In 2018, 37.42 percent of children and 16.23 percent of adults who completed a dental visit were not accounted for by race.

To address racial oral health disparities, the Dental Coordinator aimed to reach families residing in areas predominantly populated by minority groups. Focusing on these geographic areas allowed the Dental Coordinator to assist minority members of Hennepin Health with finding dental providers and gaining access to dental services.

Recommendations and Next Steps

Although this focus study concluded in December, 2018, the intervention strategies will continue to be implemented in future years. These strategies will focus on enhancing communication technology to reach more members, increasing dental utilization and decreasing racial oral health disparities. The dental utilization components of this focus study for children will be incorporated into the Child & Teen Check-Up (C&TC) focus study as Hennepin Health integrates oral and physical health to "move the mouth back into the body." Racial disparity rates for adults and children will continue to be monitored. The racial disparity rate for children will be reported in the C&TC focus study.

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